

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/628374 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/		/	
2		/	/		/	
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TOTAL IND.	11		8		1	
TOTAL DEP.						
TOTAL CLAIMS	12		9		21	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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